

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9472
Registrar's No. 2955

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days
(Specify whether _____)
In this community 4 yrs.
years, months or days

8. (a) PRINT FULL NAME Edward Almagourd

8. (b) If veteran, name war Unknown
8. (c) Social Security No. Unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February 22, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ann M. M...
(b) Address City Hospital, #1

17. (a) _____ (b) Date thereof 3/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. R. R...

18. (a) Signature of funeral director W. R. R...
(b) Address 200 R...

19. (a) MAR 29 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 Montgomery
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11,
year 1940 hour 5:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from February 27, 1940 to March 11, 1940
that I last saw him alive on March 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Macrobution

Due to Unknown Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 16 22

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Harold S. S...
Address 1515 Lafayette
Date signed 3/12/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.